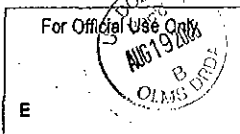


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10 034</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>LOUIE B JACQUE</u> P.O. Box, Bldg., Room No., if any <u>PO Box 551107</u> Street <u>1221 OTTAWA DRIVE</u> Zip <u>96150</u> City <u>TAHOE PARADISE, CA</u> State <u>CA</u> ZIP Code + 4 <u>96155</u>	4. Name, file number, and address of labor organization. Name <u>MEBA D-1</u> Labor Organization File Number <u>066581</u> P.O. Box, Building and Room Number, if any <u>SUITE 800</u> Street <u>444 N. CAPITOL ST, N.W.</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>EXECUTIVE VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Louie B. Jacque On 8/10/05 415 706-1919
Date Telephone Number

Name of Person Filing <u>LOUIE B JACQUE</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>MEBA BENEFIT PLANS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1007 EASTERN AVENUE</u> City <u>BALTIMORE</u> State <u>MARYLAND</u> ZIP Code + 4 <u>21202</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>MEBA BENEFIT PLANS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1007 EASTERN AVENUE</u> City <u>BALTIMORE</u> State <u>MARYLAND</u> ZIP Code + 4 <u>21202</u>	11.a. Nature of such dealing. <u>MEBA BENEFIT PLANS ARE JOINTLY TRUSTEED MULTI-EMPLOYER BENEFIT PLANS THAT PROVIDE BENEFITS TO PARTICIPANTS REPRESENTED BY THE MEBA</u> 11.b. Approximate dollar value of such dealing. <u>\$13,974.58</u> 12.a. Nature of interest held or income received. <u>THE AMOUNT IDENTIFIED IN BOX 11B IS FOR REIMBURSEMENT OF TRAVEL RELATED EXPENSES INCURRED IN ATTENDING MEBA BENEFIT PLANS TRUSTEE MEETINGS, FOR WHICH I WAS AND AM A TRUSTEE AND WAS AND AM REQUIRED TO ATTEND AS WELL AS FOR ATTENDING TRUSTEE EDUCATIONAL MEETINGS SPONSORED BY THE EMPLOYEE FOUNDATION BENEFIT PLANS. A SUMMARY OF THESE EXPENSES ARE ATTACHED.</u> 12.b. Amount. <u>SEE 12A + 11B ABOVE</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

MEBA Medical and Benefits Plan
2004 LM-10, LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Louie Bud Jacque	Medical	571700	2/19/2004, 3/16/04	\$ 2,552.52	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/04
Louie Bud Jacque	All		3/15/2004	\$ 1,265.00	IFEB Conferences
Louie Bud Jacque	Medical	571700	5/14/2004, 5/20/04	\$ 3,227.97	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/04
Louie Bud Jacque	Medical	571700	7/7/2004, 7/20/04	\$ 2,414.07	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
Louie Bud Jacque	Medical	571700	11/9/2004	\$ 1,107.74	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/04
Louie Bud Jacque	All		11/12/2004	\$ (920.00)	IFEB Conferences
Louie Bud Jacque	Medical	571890	12/15/2004	\$ 34.21	Membership Dues (ck#20469)
Louie Bud Jacque	Medical	571850	12/28/2004	\$ 2,688.07	IFEBP Conf 11/30-12/5
Louie Bud Jacque	Medical	571850	12/04	\$ 1,605.00	IFEBP Fees
				\$ 13,974.58	